

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8-25-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes, 99204, 64520, 76000, J3490, J2765, J3010, J1100, 9499RR, 99070ST and J7120 rendered from 10-31-02 through 11-25-02.

II. FINDINGS

The respondent denied reimbursement based upon, “E – Entitlement to benefits/body part/Dx/Rx not causally related; C – Negotiated Contract Price; and F – Fee Guideline / IME expense pat at BCO/Loss return to KNS (Texas Only).

Per TWCC records the insurance carrier did not file a TWCC-21 in accordance with Section 408.027(d) disputing the compensability of treatment; therefore, services will be reviewed in accordance with *Medical Fee Guideline*.

Per the submitted EOBs the insurance carrier recommended payment of \$938.56 for date of service 11-25-02.

The Medical Review Division telephoned requestor’s representative, ___, on 1-28-04 to verify that a contract existed between the parties and if payment had been made. ___ said that a contract did not exist and no payment had been received.

Therefore, the disputed services will be reviewed in accordance with *Medical Fee Guideline*.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-31-02	99204	\$200.00	\$0.00	E	\$106.00	Section 408.027(d)	Office visit report supports service billed per MFG, reimbursement of \$106.00 is recommended.
11-25-02	64520	\$425.00	\$00.00	C	\$152.00	Surgery GR (V)	Based on procedure note a Left lumbar sympathetic block on the right and left under fluoroscopy with contrast was performed. The insurance carrier based their reduction on a contract that per requestor does not exist. Therefore, \$152.00 is due.
11-25-02	64520	\$425.00	\$00.00	F	\$152.00	Surgery GR (II)	The insurance carrier based their reduction based upon MFG. Per Starred procedure rule the requestor is entitled to reimbursement of \$152.00.

11-25-02	76000WP	\$150.00	\$0.00	C	\$110.00 or lesser amount per TWCC-60 \$88.00 is amount in dispute.	Surgery GR (V)	Based on procedure note a Left lumbar sympathetic block on the right and left under fluoroscopy with contrast was performed. The insurance carrier based their reduction on a contract that per requestor does not exist. Therefore, \$88.00 is due.
11-25-02	J3490	\$47.88	\$0.00	C	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable. The insurance carrier based their reduction on a contract that per requestor does not exist. Therefore, \$47.88 is due.
11-25-02	J2765	\$23.70	\$0.00	C	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable. The insurance carrier based their reduction on a contract that per requestor does not exist. Therefore, \$23.70 is due.
11-25-02	J3490	\$6.00	\$0.00	C	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable. The insurance carrier based their reduction on a contract that per requestor does not exist. Therefore, \$6.00 is due.
11-25-02	J3490	\$182.07	\$0.00	C	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable. The insurance carrier based their reduction on a contract that per requestor does not exist. Therefore, \$182.07 is due.
11-25-02	J3010	\$18.00	\$0.00	C	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable. The insurance carrier based their reduction on a contract that per requestor does not exist. Therefore, \$18.00 is due.
11-25-02	J1100	\$8.40	\$0.00	C	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable. The insurance carrier based their reduction on a contract that per requestor does not exist. Therefore, \$8.40 is due.
11-25-02	99499RR	\$450.00	\$0.00	C	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable. The insurance carrier based their reduction on a contract that per requestor does not exist. Therefore, \$450.00 is due.
11-25-02	99070ST	\$206.35	\$0.00	C	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable. The insurance carrier based their reduction on a contract that per requestor does not exist. Therefore, \$206.35 is due.
11-25-02	J7120	\$17.45	\$0.00	C	DOP	Surgery GR (V)	The insurance carrier did not dispute amount billed was fair and reasonable. The insurance carrier based their reduction on a contract that per requestor does not exist. Therefore, \$17.45 is due.
TOTAL							The requestor is entitled to reimbursement of \$1457.85.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 99204, 64520, 76000, J3490, J2765, J3010, J1100, 9499RR, 99070ST and J7120 in the amount of **\$1457.85**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1457.85** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 04th day of February 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division